FEC FORM 2 STATEMENT OF CANDIDACY



FÉC FORM 2 (REV. 02/2009)

///////e How	. 1		2015 5		
(b) Address (number and street)	Check if address ch	nanged	2 FFC Candidate	Identification Number	er .
	Parte Ct	gea	E. I LO GUINGIGA		
(c) City, State, and ZIP Code New Rich me			3. Is This Statement	New (N) OR	Amended (A)
4. Party Affiliation	5. Office Sought Fresident	6. State & Di	strict of Candidate	·	· · · · · · · · · · · · · · · · · · ·
D	ESIGNATION OF PRINC	CIPAL CAMPAIG	IN COMMITTEE		
7. I hereby designate the following n	named political committee as my Pr	· · · · · ·	(year o	election(s	s).
(a) Name of Committee (in full)	ard For Presi	det 2	2016-		
(b) Address (number and street)	To TOT [PES]	SUNI O	016		
	s Pointe Ct	•			
(c) City, State, and ZIP Code					
New Richman	oud OH 1	15151			_
		<u></u>			
) 	DESIGNATION OF OTHE (Including Joint Fu	R AUTHORIZEI ndraising Representa		•	
		and the state of the same	The second second	100	
I hereby authorize the following na candidacy.					
candidacy.		principal campaign c			
candidacy. NOTE: This designation should be	amed committee, which is NOT my	principal campaign c			
candidacy.	amed committee, which is NOT my	r principal campaign c			
candidacy. NOTE: This designation should be	amed committee, which is NOT my	r principal campaign c	ommittee, to receive a		
candidacy. NOTE: This designation should be (a) Name of Committee (in full)	amed committee, which is NOT my	r principal campaign c	ommittee, to receive a		
candidacy. NOTE: This designation should be (a) Name of Committee (in full) (b) Address (number and street)	amed committee, which is NOT my	r principal campaign c	ommittee, to receive a		
candidacy. NOTE: This designation should be (a) Name of Committee (in full) (b) Address (number and street) (c) City, State, and ZIP Code	amed committee, which is NOT my	r principal campaign c	ommittee, to receive a	nd expend funds on	behalf of my
candidacy. NOTE: This designation should be (a) Name of Committee (in full) (b) Address (number and street) (c) City, State, and ZIP Code	amed committee, which is NOT my	r principal campaign c	e and belief it is true, co	nd expend funds on	behalf of my
candidacy. NOTE: This designation should be (a) Name of Committee (in full) (b) Address (number and street) (c) City, State, and ZIP Code	amed committee, which is NOT my	r principal campaign c	ommittee, to receive a	nd expend funds on	behalf of my
candidacy. NOTE: This designation should be (a) Name of Committee (in full) (b) Address (number and street) (c) City, State, and ZIP Code I certify that I have ex Signature of Candidate	e filed with the principal campaign	principal campaign committee.	and belief it is true, co	orrect and complete	behalf of my
candidacy. NOTE: This designation should be (a) Name of Committee (in full) (b) Address (number and street) (c) City, State, and ZIP Code I certify that I have ex Signature of Candidate	e filed with the principal campaign	principal campaign committee.	and belief it is true, co	orrect and complete	behalf of my

Mrs. Millie Howard
102 Lights Pointe Ct.
New Richmond, OH 45157-9422

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Received from Electronic Filing Office	Date of Receipt
Other (Specify):	Date of Receipt or Postmarked
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PREPARER	DATE PREPARED

(3/2015)